

SAMPLE AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

Mail to: Emergency Food and Shelter Program
701 North Fairfax Street, Suite 310
Alexandria, VA 22314-2064

THIS FORM MUST BE MAILED TOGETHER WITH A VOIDED CHECK IN ORDER TO BE PROCESSED

LRO ID:

This form must be completed in full, an original voided check attached or it cannot be processed.
The form must be submitted by mail and MAY NOT be faxed to EFSP.

ABA # Acct#

The above listed LRO, by its authorized agent, hereby authorizes United Way Worldwide (UWW), fiscal agency for the Emergency Food and Shelter National Board Program, to initiate credit entries (EFT deposits); to initiate, if necessary, debit entries (reversal of deposits) and adjustments for any credit entries in error to the account in the Depository indicated below; or to authorize depository to credit or debit initiated transactions.

This authority is to remain in full force and effect until UWW has written notification from the LRO of its termination in such time and in such manner as to afford UWW and DEPOSITORY a reasonable opportunity to act on it.

LOCAL RECIPIENT ORGANIZATION (AUTHORIZED AGENT)
LRO ID:

By: _____
Signature of _____
Title: _____
Date: _____

SIGNATURE(S) ON ACCOUNT

1. _____ 2. _____
Printed Name Printed Name
1. _____ 2. _____
Signature Signature

NAME OF DEPOSITORY: _____
(bank, savings and loan, etc.)

TYPE OF ACCOUNT (Please check one) SAVINGS CHECKING

TELEPHONE NUMBER OF DEPOSITORY (_____) _____
(Area code) Phone Number

THE FEDERAL RESERVE REQUIRES THAT UWW KEEP THIS INFORMATION ON RECORD